



NOTE: The information requested on this form is solicited under Chapter 1, Title 38, United States Code, and will authorize us to reimburse the claimant for your travel expenses. Disclosure is voluntary. However, if the information is not furnished, we will be unable to reimburse the claimant. The information may be disclosed outside VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the *Federal Register* in accordance with the Privacy Act of 1974. Failure to furnish this information will have no adverse effect on any benefit to which you may be entitled.

TRAVEL PERFORMED (Give addresses)

FROM	TO	DATE

NAME AND ADDRESS OF CLAIMANT

TRAVEL WAS PERFORMED BY (Check)

☐ AMBULANCE ☐ HIRED CAR ☐ PRIVATELY OWNED AUTOMOBILE ☐ COMMON CARRIER (Specify)

CERTIFICATION: I hereby waive claim to reimbursement for expenses of authorized travel performed by me on the date shown, between the two addresses indicated above, in favor of the claimant named above. I certify that to the best of my knowledge and belief, this account is due and unpaid, that I have not made and will make no claim therefore, that I paid no part of the expense thereof, and that it is a proper charge against the Government.

SIGNATURE AND TYPED OR PRINTED NAME OF VETERAN	VA FILE NO.	DATE

NOTE: Enter any remarks on reverse.